HEALTH CARE UNIT
PATIENT INFORMATION SLIP

BIBB
INSTITUTION

County Boyd — NAME
208921 — NUMBER
B/M — R/S

Lay-in for _____ days from _____ to
(date)
_____ due to _____
(date)

Instructions: Double Portion Meals
Three times a day starting 5/8/03
Stop 6/8/03

Failure to follow the directions above may result in a disciplinary.

5/7/03
Date Issued

Signature

F-53

Exhibit A

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

Bibb
INSTITUTION

Boyd Courtney 208921 B/M
NAME NUMBER R/S

Lay-in for _____ days from _____ to _____
(date)

_____ due to _____
(date)

Instructions: Double portions x 30 days.
6/18/03 Stop 7/18/03

Failure to follow the directions above may result in a disciplinary.

6/18/03 _____
Date Issued Signature

Exhibit A

Appt. Date: 5/13/03 NPD

Auth #: 03051213VR03

NaphCare
Hospital/Consultant Referral Form

Inmate Name: Courtney Boyd AIS#: 208921 Date: 5/7/03

DOB: 12/11/81 Race: B Sex: M Allergies: ______

History of working diagnosis (when first recognized, progression of symptoms, physical findings, lab results, current symptoms, current treatments): 21 yo BM with upper epigastric pain
R/O gallstones

SERVICES REQUESTED/PROVIDER: US - R/o gall stones Chest pain
Weight loss

Signature (M.D.): [signature]

Pertinent Chronic Conditions/Diagnosis: Epigastric pain

DOC Facility: Bull Time Out: ______

Receiving Facility/Hospital: Southern Radiology Return Time: ______

Route of Transportation: (X) ____ Ambulance ____ DOC Van ____ Other: On-Site

Date & Result/Last PPD: 2-3-03 0mm Date & Result/Last Chest X-Ray ______

OFFSITE HEALTHCARE REPORT: ______

Orders/Recommendations: ______

Physician: ______ Date: ______ Time: ______

Notify (Facility): Bibb / Pulliam at: # 205 926-1612 of patient's discharge.

Advanced Medical Directive: Yes ____ (Attached) No X

Report called to: (Name/Title): N/A Date: ______

Signature & Title: ______ Date: ______

Exhibit 6 A

Bill to NaphCare 950 22nd St. N. Suite 825 Birmingham, AL. 35203

NaphCare Patient Registration
Carraway Methodist Medical Center
1600 Carraway Blvd.
Birmingham, Al. 35234

All Admissions and Appointments Contact:
Fran Olmstead, RN (205) 502-6992, beeper 888 – 7896 (Mon – Fri weekdays)
Kathy Gray, RN (205) 502-6620 or 502-5620, beeper 676-0688 Fax (205) 502-5424
Nursing Supervisor Beeper 954-1987 (After 3PM weekdays, weekends, holidays)
Security 502-6570 Fx: 502-5829
Fax form to Admitting: (205) 502-5268 Weekdays before 6PM
(205) 502-5696 After 6PM weekdays, weekends, holidays

Registration and Billing Inquires
Annette Tedford (205) 502-5292, beeper 804-2053, fax 502-5360

Required Information

Patient's Name Boyd, Courtney
(Last Name) (First Name) (Middle Name)

Date of birth 12/11/81 AIS# 208921 Race B Sex M

Procedure/Arrival Date 6/23 @ 1:00 Inpatient ___ Outpatient X ER ___

Range of dates convenient to transport inmates for appointments June 16, June 19

Attending/Consulting Physician AI - Consult Dr. Barbara

Diagnosis/Symptoms/Procedure Hepatomegaly / Weight Loss / Consult

Miscellaneous Information ___

Correctional Facility Bibb

Address 565 Bibb Lane Brent,

Phone/beeper of contact person 205-926-1612

Person Completing this Form S. Chisolm / Admin Assist NF

Revised 12/10/02

Exhibit A

Naphcare 208921

CARRAWAY METHODIST MEDICAL CENTER
1600 Carraway Boulevard • Birmingham, AL 35234

Data Plate

Gastroenterology Laboratory
Endoscopy Report

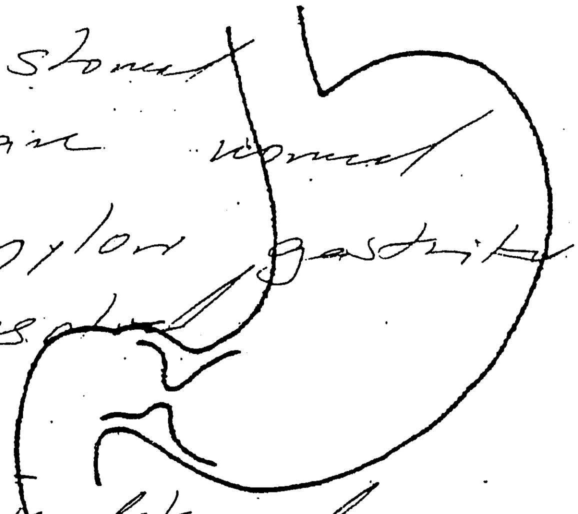
Date: 06/12/03

Medication time 3:50pm Demerol 50mg Valium ____ Versed 2mg Phenergan ____ Atropine ____ Glucagon ____
Narcan ____

BRIEF CLINICAL ABSTRACT: 21 YOBM c̄ persistent epigastric pain after Rx for H pylori; Sx present > 4 mos

X-RAY REPORT: ō

ENDOSCOPY FINDINGS: Esophagus, stomach & duodenum are normal. Any prior H. pylori gastritis obviously has resolved with treatment



DIAGNOSIS: Abdominal pain, undetermined cause ? cholelithiasis; ? pancreatitis
Rec — ✓ Abd Sonar & Serum amylase next

— Consider abd CT Scan if Sonar WNL,

Biopsy ____ Polypectomy ____ Hot Biopsy ____ # of specs ____
Dilation: Maloney ____ TTS Balloon ____ Savary ____ Duodenal Aspirate ____
Foreign Body Removal ____ Disp. Snare Wire ____ PEG Placement ____
PEG Removal ____ PEG Replacement ____ Injection of Varices ____
Jejunal Feeding Tube ____ Operating Scope ____ Proc. @ Bedside ____

Naphcare ____ [signature] M.D.
REFERRING PHYSICIAN

Exhibit A

CMMC-33

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 6/13/05

To: Elmore

From: HCA

Inmate Name: Boyd, Courtney **ID#:** 208924

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions work stop 24° for CP BACK PAIN
4. May have extra _____ until _____
5. Other _____

Comments:

① BBP x30 days

② Lay in for 24° x meals, BR, + meds.

Date: 6/13/05 **MD Signature:** [signature] **Time:** 3:50 P

Exhibit A

60418

PHS
PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 8-13-04

To: Staton

From: HCU

Inmate Name: Boyd, Courtney **ID#:** 208921

The following action is recommended for medical reasons:

1. House in
2. Medical Isolation
3. Work restrictions
4. May have extra until
5. Other

Comments:

Back Brace x 6 months

Date: 8-13-04 **MD Signature:** [signature] CRNP **Time:** 1040

Exhibit A

60418

PHS
PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 6/10/04

To: Staton

From: SHCU

Inmate Name: Boyd Courtney **ID#:** 268921

The following action is recommended for medical reasons:

1. House in
2. Medical Isolation
3. Work restrictions
4. May have extra until
5. Other

Comments: Back Brace X 60 days

Date: 6/10/04 **MD Signature:** [signature] **Time:** 3:20/p

Exhibit 8

60418